

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C.D.</i>	<i>70788</i>	<i>8/24/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/5</i>
FORMALITY REVIEW	<i>12/4</i>	<i>1234</i>	<i>12/2/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/1/00
2	✓	✓	10/1/00
3	✓	✓	10/1/00
4	✓	✓	10/1/00
5	✓	✓	10/1/00
6	✓	✓	10/1/00
7	✓	✓	10/1/00
8	✓	✓	10/1/00
9	✓	✓	10/1/00
10	✓	✓	10/1/00
11	✓	✓	10/1/00
12	✓	✓	10/1/00
13	✓	✓	10/1/00
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28	✓	✓	10/1/00
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31	✓	✓	10/1/00
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48	✓	✓	10/1/00
49	✓	✓	10/1/00
50	✓	✓	10/1/00

Claim	Final	Original	Date
51	✓	✓	10/1/00
52	✓	✓	10/1/00
53	✓	✓	10/1/00
54	✓	✓	10/1/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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